

DMC MECHANICSBURG INSTRUCTIONS

A. PART I: The following information is provided by the user when establishing or modifying their USERID.

- (1) NAME: The last name, first name and middle initial of the user.
- (2) SOCIAL SECURITY NUMBER: The social security number of the user.
- (3) ORGANIZATION: The user's current organization (*i.e., DMC Columbus*).
- (4) OFFICE SYMBOL/DEPARTMENT: The office symbol within the current organization (*i.e., WEC03*).
- (5) ACCOUNT CODE: Account code, if required.
- (6) JOB TITLE/FUNCTION: The job function (*i.e., ., System Analyst, Pay Clerk, etc*)
- (7) GRADE/RANK: The civilian pay grade, military rank or CONT if user is a contractor.
- (8) PHONE (DSN): The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.

USER'S SIGNATURE: User must sign the SAAR form with the understanding that they are responsible and accountable for their password and access to the system(s).

B. PART II: The following information is provided by the User's Security Manager.

- (9) CLEARANCE LEVEL: The User's current security clearance level and ADP level (*i.e., Secret, Top Secret, ADP I, ADP III, etc.*). *Be sure to include the ADP sensitivity of the user requesting access.*
- (10) TYPE OF INVESTIGATION: The user's last type of background investigation, (*i.e., NAC, NACI, or SSBI*).
- (11) DATE OF INVESTIGATION: The date of the last background investigation.
- (12) SIGNATURE: The Security Manager or his representative signature indicates that the above clearance and investigation information has been verified.
- (13) PHONE NUMBER: The Security Manager's phone number.
- (14) DATE: The date that the form was signed by the security manager or his representative.

C. PART III: The following information is provided by the user's supervisor.

- (15) ACCESS REQUIRED (*Location*): The full name of the location at which access is required.
- (16) ACCESS TO CLASSIFIED REQUIRED?: Place an "X" in the appropriate box.
- (17) TYPE OF USER: Place an "X" in the appropriate box.
- (18) JUSTIFICATION FOR ACCESS: A brief statement to justify the establishment of an initial USERID. Provide appropriate information if the USERID or access to the current USERID is to be modified.
- (19) SIGNATURE OF SUPERVISOR: The user's supervisor must sign the SAAR form to certify the user is authorized access to perform his/her job function.
- (20) ORG./DEPT.: Supervisor's organization and department.
- (21) PHONE NUMBER: Supervisor's phone number.
- (22) DATE: The date the supervisor signs the SAAR form.
- (23) SIGNATURE OF FUNCTIONAL DATA OWNER/OPR: Signature of the functional appointee responsible for approving access to the system being requested. This will be the signature of the data owner for all applications/datasets, etc. that require an approval signature. If the data owner is at your activity, please obtain this signature before forwarding the form to DMC Mechanicsburg.
- (24) ORG./DEPT.: Functional appointee's organization and department.
- (25) PHONE NUMBER: Functional appointee's phone number.
- (26) DATE: The date the Functional appointee signs the SAAR form.

D. PART IV: The following information is provided by the AIS Security Staff who adds the user to the system. The remainder of PART IV will be completed by DMC Mechanicsburg.

- (27) USERID (*Mainframe*): User's mainframe USERID (*if applicable*). If the user has a valid User-ID at DMC Mechanicsburg, fill-in the User-ID.
- (28) USERID (*Mid-Tier*): User's mid-tier USERID (*if applicable*).
- (29) USERID (*Network*): User's network USERID (*if applicable*). *If the user has a valid Network User-ID, and is requesting access to a network through DMC Mechanicsburg gateway(s), fill-in the Network User-ID.*
- (30) SIGNATURE: Signature of the Information Systems Security Officer (ISSO) or his representative.
- (31) PHONE NUMER (*DSN*): The ISSO's Defense Switching Network (DSN) phone number.
- (32) DATE: The date the ISSO signs the SAAR form.

E. PART V: This information is site specific and can be customized by either the DMC, functional activity, or the customer with approval of the DMC. This information will specifically identify the access required by the user.

(33) ACCESSSES REQUIRED: Specify all resources to which access is required and the type of access required, i.e., read-only, write.

- (a) If known, supply the name of the system (i.e., ICPM16, ESA5, WCC, ICPM15, ICPM02).
- (b) And (c) DOMAIN(S) AND SERVER(S) - leave blank.
- (d) Fill in the application(s) required (*i.e., A02, M204, ATAC*) and the access required (*i.e., read, update*).
- (e) Leave blank
- (f) Leave blank
- (g) Full name of datasets required, and access required (*i.e., read, update, alter*).

(34) OPTIONAL USE: This section is intended to add site specific information, as required.

- (1) Contractors
 - (a) Fill-in the full name and address of the company.
 - (b) Furnish contract number, and expiration date.
 - (c) Supply COR (Contract Office Representative) name, activity, phone number, fax number and email address.
 - (d) Have COR sign and date the form.
- (2) Activities
 - (a) AAA (Access Approval Authority) should sign and date this form in this block.
 - (b) Supply his/her fax number and email address.

F. DISPOSITION OF FORM:

TRANSMISSION: Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of "FOR OFFICIAL USE ONLY" and must be handled as such.

FILING: Original SAAR, with original signatures in Parts I, II, and III must be maintained on file for one years after termination of user's account. File may be maintained by the DMC or by the Customer's ISSO. Recommend file be maintained by ISSO adding the user to the system.